UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

DETYLED STATO TROG. S.U

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR**

OMB APPROVAL OMB Number: 3235-0076 Expires: November 30, 2001 Estimated average burden hours per response...... 16.00

| SEC USE ONLY | | | | | | | |
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| UNIFORM LIMITED OFFERING EXEMPTION |
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| 02046619 |
| check if this is an amendment and name has changed, and indicate changes) |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment |
| A. BASIC IDENTIFICATION DATA WAR 2 2002 |
| 1. Enter the information requested about the issuer |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Authentium, Inc. |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 4370 La Jolla Village Drive, Suite 400, San Diego, California 92122 Telephone Number (Including Area Code) 858-546-4910 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code) |
| Brief Description of Business PROCESSED |
| Developer of internet authentication technology, consumer privacy and security software. FFR 19 2002 //66482 |
| Type of Rusiness Organization |
| ☐ corporation ☐ limited partnership, already formed ☐ THOMSDA (please specify) |
| Month Year FINANCIAL |
| Actual or Estimated Date of Incorporation or Organization: 1 2 0 0 🖾 Actual 🗆 Estimated |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) |
| CENERAL INSTRUCTIONS |

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it was received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Memorandum (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

| A. | ГТ | F | N٦ | ГΙ | \cap | N | |
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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| A. BASIC IDENT | IFICATIO | ON DATA | | - · · · · · · · · · · · · · · · · · · · | | | | | |
|--|--|--------------------|-------|---|---------|--|--|--|--|
| 2. Enter the information requested for the following: | | | | | | | | | |
| Each promoter of the issuer, if the issuer has been organized within | Each promoter of the issuer, if the issuer has been organized within the past five years; | | | | | | | | |
| Each beneficial owner having the power to vote or dispose, or direct the issuer; | Taking an analysis and the forms to total or embored or embound on 10,000 their or embo or effert promition or | | | | | | | | |
| Each executive officer and director of corporate issuers and of corp | orate gener | ral and managing p | artne | ers of partner | ship is | suers; and | | | |
| Each general and managing partner of partnership issuers. | | | | | | | | | |
| Check Box(es) that Apply: | ⊠ Exe | ecutive Officer | Ø | Director | | General and/or Managing Partner | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| John C. Sharp | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |
| 4370 La Jolla Village Drive, Suite 400, San Diego, California 92122 | | | | | | | | | |
| Check Box(es) that Apply: | ⊠ Exe | ecutive Officer | Ø | Director | | General and/or Managing Partner | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| Philip R. Braden | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |
| 4370 La Jolla Village Drive, Suite 400, San Diego, California 92122 | | | | | | | | | |
| Check Box(es) that Apply: | ☐ Exe | ecutive Officer | Ø | Director | | General and/or Managing Partner | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| Todd Mollenkopf | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |
| 309 South Fourth Street, Columbus, Ohio 43215 | | | | | | | | | |
| Check Box(es) that Apply: | ☐ Exe | ecutive Officer | | Director | | General and/or Managing Partner | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| Mindport, Inc. | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |
| Jupiterstraat 44, 2132 HD Hoofdoopt, Netherlands | | | | | | ······································ | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner | ☐ Exe | ecutive Officer | | Director | | General and/or Managing Partner | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner | ☐ Exe | ecutive Officer | | Director | | General and/or Managing Partner | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | B. INFORMATION ABOUT OFFERING | | | | | |
|---|----------|--|---------|-------------|--|--|--|
| Note that the minimum investment that well be accepted from any individual? Note | 1. | | | | | | |
| 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or state, list the name of the broker or dealer. Turn or than the (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer endy. Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check *All States* or check individual States) | | | | | | | |
| remuneration for solicitation of purchasers in connection with sales of securities in the offening. If a person to be listed are associated person or agent of a broker or dealer registered with the SEC and/ow with a state or states, list the aame of the broker or dealer registered with the SEC and/ow with a state or states, list the aame of the broker or dealer row. Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, Ciry, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | 3. | Does the offering permit joint ownership of a single unit? | | | | | |
| N/A | 4. | remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or | | | | | |
| Name of Associated Broker or Dealer | Fu | | | | | | |
| Name of Associated Broker or Dealer | | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | Bu | siness or Residence Address (Number and Street, City, State, Zip Code) | | | | | |
| All States Check "All States" or check individual States AL | Na | me of Associated Broker or Dealer | | | | | |
| [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NV] [NN] [| Sta | | 7 All | States | | | |
| MT NE NV NH NJ NM NY NC ND OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer | [/ | | | | | | |
| RI | { | |] | мо ј | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer | [] | | 1 | PA] | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | <u> </u> | |]_[| PR] | | | |
| Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | Fu | ll Name (Last name first, if individual) | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | Bu | siness or Residence Address (Number and Street, City, State, Zip Code) | | | | | |
| All States All States All States All States All [AZ] | Na | me of Associated Broker or Dealer | | | | | |
| [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] [Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | Sta | ates in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | |
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| [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | - | |] [| D) | | | |
| [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | - | | | - | | | |
| Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | _ | | | _ | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | _ | | 1 1 | PR J | | | |
| Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | Bu | siness or Residence Address (Number and Street, City, State, Zip Code) | | | | | |
| (Check "All States" or check individual States) | Na | ume of Associated Broker or Dealer | | | | | |
| (Check "All States" or check individual States) | | | | | | | |
| [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NI] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] | St | ates in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | |
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| [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] | - | | | | | | |
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box Γ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | | | |
|----|---|-----------|-------------------------|-------------|-----------|-------------------------------------|
| | Type of Security | | ggregate ering Price | | Amo | ount Already Sold |
| | Debt | \$ | -0- | _ | \$ | -0- |
| | Equity | \$ | 787,518 | | \$ | 787,518 |
| | ☑ Common ☐ Preferred | | | | | |
| | Convertible Securities (including warrants) | \$ | -0- | _ | \$ | -0- |
| | Partnership Interests | \$ | -0- | _ | \$ | -0- |
| | Other | \$ | -0- | _ | \$ | -0- |
| | Total | \$ | 787,518 | <u> </u> | \$ | 787,518 |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | Number nvestors | | Dol | ggregate lar Amount Purchases |
| | Accredited Investors | | 10 | _ | \$ | 787,518 |
| | Non-accredited Investors | | -0- | | \$ | -0- |
| | Total (for filings under rule 504 only) | | N/A | | | N/A |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. | | | | | |
| | Towns of afficien | | Type of | | Dol | lar Amount |
| | Type of offering | , | Security | | • | Sold |
| | Rule 505 | - | N/A | - | 2 | N/A |
| | Regulation A | | N/A | - | \$ | N/A |
| | Rule 504 | | <u>N/A</u> | _ | \$ | N/A |
| | Total | | N/A | _ | \$ | N/A |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | | | |
| | Transfer Agent's Fees | •••••• | | | \$ | -0- |
| | Printing and Engraving Costs | •••••• | | | \$ | -0- |
| | Legal Fees | | | \boxtimes | \$ | 1,500 |
| | Accounting Fees | | ••••• | | \$ | -0- |
| | Engineering Fees | | | | \$ | -0- |
| | Sales Commissions (specify finders' fees separately) | | ********** | | \$ | -0- |
| | Other Expenses (identify): | ••••• | | | \$ | -0- |
| | Total | • | | | \$ | 1,500 |

| | C. OFFERING PRICE, NUMBER | R OF INVESTORS, EXPENSES AND USE | OF PR | OCEEDS | |
|-----|---|---|---------------|---------------------------------------|-----------------------|
| | b. Enter the difference between the aggregate offering tion 1 and total expenses furnished in response to Part "adjusted gross proceeds to the issuer." | C - Question 4.a. This difference is the | | | \$786,01 |
| 5. | Indicate below the amount of the adjusted gross procused for each of the purposes shown. If the amount estimate and check the box to the left of the estimate. It the adjusted gross proceeds to the issuer set forth in resp | for any purpose is not known, furnish an The total of the payments listed must equal | | | |
| | | | Ó: Dire | ments to fficers, ectors, & ffiliates | Payments to Others |
| | Salaries and fees | | □ \$_ | -0- | □ \$ <u>-0-</u> |
| | Purchase of real estate | ······································ | □ \$ _ | -0- | □ \$ 0- |
| | Purchase, rental or leasing and installation of mach | inery and equipment | | -0- | \$ -0- |
| | Construction or leasing of plant buildings and facili | ities | □ \$ _ | -0- | \$ 0- |
| | Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger) | s or securities of another | □ \$ _ | -0- | □\$ -0- |
| | Repayment of indebtedness | | | | □ \$ -0- |
| | Working capital | | ⊠ \$_ | 786,018 | □ \$ <u>-0-</u> |
| | Other (specify): | | □ \$ _ | -0- | □ \$ <u>-</u> 0- |
| | Column Totals | | □ \$ _ | -0- | S0- |
| | Total Payments Listed (column totals added) | | ⊠ \$_ | 786,018 | |
| | D | . FEDERAL SIGNATURE | | | |
| fol | e issuer has duly caused this notice to be signed by the owing signature constitutes an undertaking by the issuer to fits staff, the information furnished by the issuer to | suer to furnish to the U.S. Securities and | Exchang | e Commiss | ion, upon writter |
| Iss | uer (Print or Type) | Signature | | Date | 1 1 |
| Αu | thentium, Inc. | | | 11 | 130/01 |
| Na | me of Signer (Print or Type) | Title of Signer (Print or Type) | | | |
| In | on C Sharn | Chairman and Chief Evecutive Office | - | | |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).